

John R. Ashcroft Secretary of State
2023 ANNUAL REGISTRATION REPORT

BUSINESS

00374383
Date Filed: 4/26/2023
John R. Ashcroft
Missouri Secretary of State

*
SECTION 1, 3 & 4 ARE REQUIREDREPORT DUE BY: 4/30/2023**00374383**

TNT AMUSEMENTS, INC.
 JAMES D. TURNTINE
 138 HIGHWAY WW P.O. BOX 40
 SULLIVAN MO 63080

RENEWAL MONTH:

JANUARY

☐ I OPT TO CHANGE THE CORPORATION'S
 RENEWAL MONTH TO FOR A \$25.00 FEE

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *

196 Hwy FF (Required)

STREET

Sullivan MO 63080

CITY / STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW
 REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).

MUST LIST PRESIDENT AND SECRETARY BELOW**A**PRESIDENT

TURNTINE, JIM

STREET

138 HWY WW

CITY/STATE/ZIP

SULLIVAN MO 63080SECRETARY

TURNTINE, MARLA

STREET

138 HIGHWAY WW

CITY/STATE/ZIP

SULLIVAN MO 63080VICE PRESIDENT

TURNTINE, MARLA

STREET

138 HIGHWAY WW

CITY/STATE/ZIP

SULLIVAN MO 63080

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).

MUST LIST AT LEAST ONE DIRECTOR BELOW**B**NAME

TURNTINE, JIM

STREET

138 HWY WW

CITY/STATE/ZIP

SULLIVAN MO 63080 USANAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

The undersigned understands that false statements made in this report are punishable for the crime of making a false
 declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

*

Authorized party or officer sign here

James Turntine

(Required)

Please print name and title of signer:

James Turntine

/

President

NAME

TITLE

REGISTRATION REPORT FEE IS:

___\$20.00 If filed on or before 4/30/2023

___\$35.00 If filed on or before 5/31/2023

___\$50.00 If filed on or before 6/30/2023

___\$65.00 If filed on or before 7/31/2023

ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW
 IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION
 PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**

E-MAIL ADDRESS (OPTIONAL):

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
 RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 778, Jefferson City, MO 65102